

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES**  
**MY HEALTH LA COMMUNITY PARTNERS**  
**138% FEDERAL POVERTY LEVEL (FPL)**  
**(Effective April 1, 2018 through March 31, 2019)**

<b>FAMILY MEMBERS LIVING IN THE HOME <sup>1</sup></b>	<b>TOTAL MONTHLY INCOME MAXIMUM <sup>2</sup></b>
1	at or below \$ 1,397
2	at or below \$ 1,893
3	at or below \$ 2,390
4	at or below \$ 2,887
5	at or below \$ 3,384
6	at or below \$ 3,881
7	at or below \$ 4,377
8	at or below \$ 4,874
9	at or below \$ 5,371
10	at or below \$ 5,868
11	at or below \$ 6,365
12	at or below \$ 6,861

More than 12 Members

For each additional member, add \$ 497

<sup>1</sup> Include unborn in family size.

<sup>2</sup> For ATP, all deductions are eliminated:

- \$90 per working person.
- Child Care
- Medical Insurance expenses, and
- Alimony/Child Support Paid